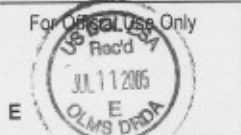


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2416

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Lewis J Mancini

P.O. Box, Bldg., Room No., if any

Street 42 Fairmount Place

City Paramus

State New Jersey ZIP Code + 4 07652

4. Name, file number, and address of labor organization.

Name American Federation of Musicians

Labor Organization File Number 000-207

P.O. Box, Building and Room Number, if any

Street 1501 Broadway - Suite 600

City New York

State New York ZIP Code + 4 10036

5. Position in labor organization. employee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Walt Disney Co.

Trade Name, if any: Walt Disney World

P.O. Box, Bldg., Room No., if any

Street

City Orlando

State Florida ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

Employed by Walt Disney World, Orlando, FL from 1990 - 1994; participated in a 401K plan consisting of Disney stock and Magellan Fund.

7.b. Amount.

\$12,000

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/1/2005

Date

212-869-1330

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name American Office Furniture

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 515 Route 46

City Fairfield

State New Jersey

ZIP Code + 4 07004

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Angela Adriayn Taylor

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 515 Route 46

City Fairfield

State New Jersey

ZIP Code + 4 07004

## 11.a. Nature of such dealing.

2 lunch meetings with office furniture vendor

11.b. Approximate dollar value of such dealing.

\$80

## 12.a. Nature of interest held or income received.

lunch provided by vendor.

12.b. Amount.

\$80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.